

TRANSMITTAL OF FORMAL DRAWINGS

Docket No.

10308

In Re Application Of: **Leonard Harrison, et al.**

Serial No.

08/663,272

Filing Date

11/25/96

Batch No.

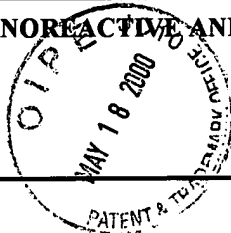
I11

Examiner

F. Vander Vegt

Art Unit

1644

Invention: **IMMUNOREACTIVE AND IMMUNOTHERAPEUTIC MOLECULES**

Address to:

**Assistant Commissioner for Patents
Washington, D.C. 20231**

Transmitted herewith are:

Four (4) sheets of formal drawing(s) for this application.

Each sheet of drawing indicates the identifying indicia suggested in 37 CFR Section 1.84(c) on the reverse side of the drawing.

Signature

Dated: **May 15, 2000****Frank S. DiGiglio****Reg. No.: 31,346****SCULLY, SCOTT, MURPHY & PRESSER****400 Garden City Plaza****Garden City, New York 11530****(516) 742-4343**

I certify that this document and attached formal drawings are being deposited on **May 15 2000** with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

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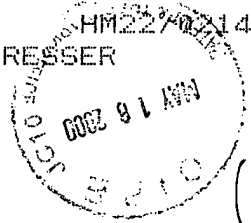
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APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/663,272	11/25/96	004	VANDER VEGT, F	1644 02/14/00
First Named Applicant	HARRISON,	35 USC 154(b) term ext. =	0 Days.	

TITLE OF INVENTION IMMUNOREACTIVE AND IMMUNOTHERAPEUTIC MOLECULES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 10308	424-184.100	I11	UTILITY	NO	\$1210.00	05/15/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Scully, Scott, Murphy &

2 Presser

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE AMRAD Corporation Limited

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Victoria, Australia

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

5/15/00

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Frank S. DiGiglio, Reg. No.: 31,346

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